Ac.4665

PERTH AND KINROSS COUNTY COUNCIL

COUNTY HEALTH DEPARTMENT

REPORT

on the

SCHOOL HEALTH SERVICE

for the year ending 31st July, 1958

INDEX.

Page

Introduction 2

List of Staff 4

General Statistics 5

Sanitary Conditions of Schools 5

Organisation and Administration 6

Findings of Medical Inspection 7

Treatment:

A. Minor Ailments 9
B. Defective Vision and Squint 11
C. Nose and Throat 11
D. Orthopaedic 11
E. Hearing Testing 11

Dental Inspection and Treatment 12

Special Schools and Classes 14

Physical Education and Personal Hygiene 15

Milk in Schools 16

School Meals 16

Tables:

I. Number of children examined 17
II. Conditions found at Systematic Examinations 18
III. Classification at Systematic Examinations 20
IV. Exceptional Children 21
Tuberculin Testing and B.C.G. Vaccination 22

INTRODUCTION. .

This Report for the year 1957-58 follows the usual lines laid down by the Department of Health. The figures are very similar to previous years and show that the general health of the school population is being maintained at a satisfactory level.

Once again during the year, the Department was working under considerable pressure. The outbreak of ringworm of the scalp, which started in the Spring term of 1956, required surveillance to be continued until the Spring term of 1958, but was at last finally cleared. Tuberculin testing and B.C.G. vaccination was carried out as usual, along with the annual M.M.R. examination of school children. Again, Unit time was not available to cover all school staffs, but the half of the area omitted last year was covered this year. With the completion of the major campaign in the Cities, it is anticipated that sufficient Unit time will be available during 1958-59 to cover all school staffs.

Ample supplies of poliomyelitis vaccine became available during the year, mainly imported American vaccine from U.S.A. and Canada. Steady progress was made and by the end of June, all outstanding registrations had been cleared off. Approximately 80% of the school population have had two doses of this vaccine.

All these activities are additional to what used to be regarded as the normal routine work of the School Health Service, and from the detailed figures in the Report, it will be seen that this has been maintained at the increased level of recent years.

Four Dental Officers were available for practically the whole session, with a fifth appointed in April, 1958. Unfortunately one of the Dental Officers resigned at the end of the session, and will not have been replaced until the beginning of December, 1958.

Steady progress has been made with hearing testing, and by the end of the new session all schools will have been covered, along with the eight year old group throughout the area. Two Speech Therapists were available during the session but there is a long waiting list of cases requiring attention. Towards the end of the session, the services of a Psychiatrist became available, so that a start could be made on a full Child Guidance Service, but here also the waiting list is considerable.

Central approval has now been obtained for the proposal to build a residential school for mentally handicapped children on a site at Scone, and the detailed work of planning the new school is going ahead. The planning of a completely new school for this purpose is a pioneering venture which is not without its difficulties, and it is appreciated that these difficulties will not cease when the buildings have been erected. Nevertheless, the whole project is very much worth while, as it will then be possible to provide suitable education for a group of children whose needs have not been met in the past. On present estimates the new school will provide accommodation for approximately half of the children in the area likely to require this type of education, but the true extent of the need will only emerge once the machinery for full ascertainment has been geared up to meet the new situation.

During the session two Special Classes were available in Perth, and Occupation Centres were available in Perth and Blairgowrie. Admission of cases to residential care is still extremely difficult to secure, but it is hoped that additional beds at Baldovan will become available shortly and in preparation for this all the cases on the waiting list have again been reviewed.

Perusal of early Reports shows that the School Health Service has gone a long way since it was established half a century ago under the Education (Scotland)/

(Scotland) Act, 1908. It has entered and opened up many new fields, and the gains have been substantial. This, however, could not have been achieved without the assistance and encouragement of headteachers, teachers, general practitioners, and not least the members and senior staff of the County Council, and for this we in the School Health Service are sincerely grateful.

JAMES KELMAN,
County Medical Officer.

County Health Department,
PERTH. December, 1958.

1. LIST of STAFF.

Chief School Medical Officer: James Kelman, M.D., D.P.H.

Medical Officer - Perth City Schools: John M. Aitken, M.B. Ch.B., D.P.H.

Assistant School Medical Officers:

A.S. Caldwell, M.B. Ch.B., D.P.H. (Senior)
Elspeth V. Beveridge, L.R.C.P. & S., D.Obst. R.C.O.G., D.P.H. (resigned 24/11/57).
Eileen R. Forrest, M.B. Ch.B., D.P.H. (Appointed 13/1/58).
Sheila M. Ore, M.B. Ch.B., D.P.H.
Elizabeth T. Watson, M.B. Ch.B. (part-time).

Senior Dental Officer:

M.R. Kirkland, L.D.S.

Assistant Dental Officers:

Mrs. M. Black, L.D.S.,
Miss C.J. Brunton, L.D.S.,
Miss Henrietta M.T. Davidson (Appointed 1/10/57, resigned 26/6/58),
Mrs. Elizabeth Wallace (Appointed 21/4/58).

School Nurses:

Full time: Miss Isobel Wake (Perth City)
Part Time: 50 County District Nurses
7 City Health Visitors.

Physiotherapists:

Miss A.C. Hampton (Senior)
Miss M. Hearnshaw
Miss Sheila Gatherall (resigned 4/7/58)

Orthoptist:

Miss Elspeth A. Dickson (appointed 17/9/57)

Audiometrician:

Miss Flora Auchterlonie

Orthopaedic Almoner:

Miss M. Hearnshaw (Part time)

Clinical Assistants:

Medical: Mrs. Eliz. Cameron,
Dental Mrs. Freda M. Scobie
Miss Christine Clayton
Miss Catherine Mowbray
Mrs. Margaret MacGregor (appointed 7/10/57, resigned 26/5/58)
Miss Catherine M. Rintoul (appointed 21/4/58).

2/

2. GENERAL STATISTICS.

Population of the area		134,173
Number of Schools:		
(a) Nursery	Under Education Authority	1
Nursery classes in ordinary schools		1
(b) Primary		128
(c) Senior Secondary		5
(d) Junior Secondary		19
(e) (1) Special Schools		-
(2) Special Classes		2
(3) Occupation Centres		2
(f) In receipt of grant from Education Authority and under Medical Inspection		2
Average number of children on the roll		20,518
Number in average attendance during year		17,647

3. SANITARY CONDITIONS OF SCHOOLS.

The Department of Health for Scotland advise that this subject be dealt with by a series of systematic surveys extending over a period of years. This year, schools in the Highland District of Perthshire are due for review.

These are as follows:- Acharn, Amulree, Blair Atholl, Breadalbane Academy, Butterstone, Dall, Dalnaspidal, Dowally, Dull, Royal School of Dunkeld, Fearnan, Fortingall, Foss, Glenerichty, Glengarry, Georgetown, Grandtully, Glenlyon, Invervar, Killiecrankie, Kinloch Rannoch, Logierait, Pitlochry, Strathtummel and Struan.

1. General. These schools were last surveyed in 1952, and in the interval a steady programme of maintenance and improvements has been carried out. At Acharn a scheme is being prepared, but in view of the rather crowded conditions, it is recommended that it be accelerated. At Breadalbane Academy the completion of the new secondary section has been delayed, but it is hoped that work will be started shortly. At Dull the premises are poor by present day standards and the lavatories are quite out of date. Fearnan has recently been improved. A scheme has been prepared for modernisation at Fortingall. Glengarry is quite out of date and does not appear to lend itself to reconstruction. Invervar is to be completely modernised. Kinloch Rannoch is also being dealt with by a major scheme. Logierait is getting out of date and its lavatory and toilet facilities are poor. Pitlochry is in the same position and will require a major scheme.

The Report below refers to conditions as at 31/7/58, but where a scheme is on hand this is indicated thus (S).

2. Overcrowding. Some degree of overcrowding exists at Acharn, Kinloch Rannoch (S), Invervar (S), Pitlochry, Breadalbane (S) and Logierait.

3. Condition of Buildings. Whilst in general the actual condition of the school buildings can be regarded as being satisfactory, it will be clear from paragraph 1 above that a number are below modern standards, and that these are being tackled systematically.

4. Playgrounds and Playingfields. Most of the smaller schools have no playing fields and in some cases very little in the way of a playground. At Pitlochry most of the surface of the playground is formed of loose gravel, muddy in wet weather. The playgrounds at Glengarry, Struan, Glenerichty and Invervar are rough and muddy. At Blair Atholl there is a puddle of water at the main entrance in wet weather. The drainage in the central portion of the playing field at Dunkeld is not satisfactory.

5. Shelter Sheds. All the shelter sheds are in reasonably good order, but one or two of the smallest schools have none.

6. Water Supplies. Nearly all the schools have a satisfactory water supply. At Dull, the inadequate water supply is holding up improvements. At Dall and Foss there is trouble with sediment. At Invervar the water supply is often discoloured. Glengarry has a very poor peaty supply.

7. Washhand Basins. Considerable improvement has taken place since last report, and hot water is being provided in a steady programme. Butterstone has only one small basin with cold water. There are insufficient basins at Kinloch Rannoch (S), and at Acharn. At Logierait basins are insufficient and have only cold water. At Amulree there is only cold water at the solitary basin.

8. Toilets. These are practically all now of modern type, and in the reconstruction schemes are being sited as an integral part of the school. At Breadalbane (S) the number of W.Cs for secondary girls is insufficient. The urinal surfaces at Logierait and Pitlochry are cracked, and at Pitlochry there is no urinal for infant boys. Trough closets still exist at Struan Dull and Kinloch Rannoch (S). There are chemical closets at Glengarry.

9. Ventilation and Lighting. On the whole this is satisfactory. At Breadalbane (S) the ventilation in Primary V and VI could be improved. Natural lighting is poor at Dull and sometimes at Logierait. Electric lighting is available everywhere except at Glengarry (oil) and Amulree, Dowally and Dull (gas).

10. Heating. In the larger schools there is central heating. The smaller schools have stoves and fires, but electric heating (particularly night storage) has been introduced at many schools with satisfactory results. Heating at Fortingall (S) is poor.

11. Facilities for drying clothes. The larger schools have hot pipes. The smallest rely on fires, but electric heating for drying clothing is being introduced steadily.

12. Cloakrooms. In most cases these are adequate. At Dall the space is small and there are not enough pegs. Acharn is insufficient.

13. Cleansing. Floor sweeping compound is generally used. All schools are kept in a clean condition.

14. School Furniture. A regular programme of replacement of old style furniture is nearly completed.

15. Dining Accommodation. This varies from place to place - outside halls, separate buildings, general purpose rooms. In one or two small schools, with a large classroom and few pupils, part of the classroom has been set aside for the purpose, an arrangement which is satisfactory in practice. The accommodation generally is satisfactory and well kept.

16. Improvements throughout the County. Progress on the general schemes of minor improvements continues steadily, but considerable progress has been made with major schemes: Goodlyburn Primary and Goodlyburn J.S. completed; Stanley J.S. completed (but gymnasium still to come); Breadalbane (technical) completed; Dunbarney completed; St. Stephen's completed; Deanston completed; Blairgowrie High still under construction; Aberfoyle J.S. Perth Junior Academy, Gartmore, Perth Old Academy (Child Guidance), and Fossoway all completed.

The following major schemes are either under way or in active preparation Killin, Kincardine, Portmoak, Aberuthven, Coupar Angus, Strathyre, Kinnoull, Perth Senior Academy, Crieff J.S. and the new Residential School for Mentally Handicapped Children at Scone.

4. ORGANISATION AND ADMINISTRATION.

A. System and extent of medical inspection and treatment. No change occurred in the general arrangements during the year. The groups of children examined systematically during 1957-58 were (1) entrants and (2) children born in the years 1948, 1944 and 1941. Details of the results of these examinations are shown below and in the statistical tables.

As is now usual, boosting doses of diphtheria prophylactic were given to entrants, and tuberculin testing and where necessary B.C.G. vaccination were carried out for children in the thirteen year old group. Vaccination against poliomyelitis continued during the year when all school children up to age 15 were given the opportunity of vaccination. The procedures mentioned in this paragraph/

paragraph are National Health Service functions of the County and Town Councils as Local Health Authorities, but for convenience they are administered on a joint basis with Perth City within the framework of the School Health Service.

B. System and extent of dental inspection and treatment. The general arrangements were unchanged during the session under review. Four dental officers were available during the whole session and a fifth dental officer took up duty during the last term. Details of the work done are given later in this Report.

C. School Nursing and arrangements for following up.
D. Co-ordination.
E. Co-operation with voluntary bodies etc.

No change has occurred under these heads.

F. Co-operation with teachers and parents. The teaching staff have again been most helpful in referring cases to the School Medical Officers, and in co-operating to ensure the attendance of children for specialist advice and treatment. The attendance of parents at inspections was much the same as in previous years. Two talks were given to Parent-Teacher Associations during the year.

5. FINDINGS OF MEDICAL INSPECTION.

The number of children examined systematically was 7173, as against 6431 for the previous year. In addition, the Medical Officers examined in the schools 934 special cases and made 1844 re-examinations. The number of children examined for vision only at age seven was 1899 and the number of children in employment examined was 767.

Except where otherwise stated, the figures in the following sections refer to the 7173 children examined systematically.

1. Clothing.

Number of children examined systematically	7173
Number with unsatisfactory clothing	13 (0.18%)

	Perth City	Perth County
Number of examinations of children by the nurses	18,810	48,165
Number with unsatisfactory clothing (including footwear)	62	38

The nurses' inspections are made without previous warning.

2. Footwear. Only 2 (0.03) children were found with unsatisfactory footwear.

3. Cleanliness. The findings at the routine school medical inspections are not a very reliable index of cleanliness since the children may have been cleaned up for the occasion.

(a) Heads - dirty, nits or vermin	55 (0.77)
(b) Bodies - dirty or verminous	8 (0.11)

The corresponding figures for last year were (0.64) and (0.03) respectively.

The nurses' cleanliness inspections give a more reliable index since no warning is given of visits. In 18.810 examinations in Perth City Schools, 42 children were found to have verminous heads on one or more occasions, as against 35 in 1956-57, 43 in 1955-56, 77 in 1954-55. In addition, 161 children were found to have nits on one or more occasions.

In 48,165 County examinations, 56 children were found to have verminous heads on one or more occasions, the previous figures being 43 in 1956-57 and 47 in 1955-56. In addition, 125 children were found to have nits on one or more occasions.

The procedure laid down in the Education (Scotland) Act, 1946, was found to work satisfactorily. 7 formal notices were issued to parents requiring them to cleanse a total of 7 children.

4. Skin. Very few skin conditions were found at routine inspections.

(a) Heads:	Ringworm	Nil
	Impetigo	2 (0.03)
	Others	23 (0.32)
(b) Bodies:	Ringworm	2 (0.03)
	Impetigo	2 (0.03)
	Scabies	1 (0.01)
	Others	89 (1.24)

5. Nutrition. The general level of nutrition has been well maintained. Of the 7173 children examined, 53 (0.74) were in a state of nutrition regarded as slightly defective, and in 1 (0.01) it was regarded as defective.

6. Mouth and Teeth. Of the 7173 children examined at routine inspections, 817 (11.39) were considered by the medical officers to have unhealthy mouths, but these figures must be regarded as conservative when compared with the findings of the detailed examinations by the dental officers.

7. Naso-Pharynx. Most of the defects found again consisted of unhealthy tonsils and adenoids.

35 (0.49) cases were found to have slight nasal obstruction. 33 (0.46) had a degree of obstruction requiring operative treatment and 10 (0.14) had other nasal conditions.

In 185 cases (2.58) the tonsils were enlarged but not unhealthy. In 50 (0.67) cases it was considered that removal of the tonsils and/or adenoids was necessary.

25 cases (0.35) had glandular enlargement requiring observation, and 1 (0.01) probably requiring surgical treatment.

8. Eyes. The usual external diseases of the eyes, blepharitis and conjunctivitis are now uncommon. The cases found were treated, either at the school clinic or by the District Nurses. Strabismus (squint) remains a relatively common defect in this area. Cases of squint and defective eyesight are referred to the Eye Specialist.

Of the 7173 children examined, 35 (0.49) were found to have blepharitis and 3 (0.04) conjunctivitis. 108 (1.51) were found to have strabismus of varying degrees. 22 (0.31) were found to be suffering from other eye conditions.

577 children (8.04) were found to have some degree of defective vision. Of the 1899 children examined for vision at age seven, 193 (10.16) had some degree of defective vision, 169 (8.89) having fair vision (not worse than 6/12 in the better eye) and 24 (1.27) having bad vision (worse than 6/12 in the better eye).

9. Ears. 14 children (0.20) were found at routine inspection to be suffering from otorrhoea and 13 (0.18) suffered from other diseases of the ear.

22 cases of defective hearing were found at routine inspection. 13 of these cases were classified as Grade I (capable of education in an ordinary classroom) 6 as Grade II(a) (capable of education in an ordinary class if seated near the teacher) nil as Grade II(b) (requiring special education, but not of the type required for those whose speech and language are seriously affected) and 3 as Grade III (so deaf that speech and language are seriously defective and requiring education as for deaf and dumb children).

10. Speech. 33 children (0.46) were found to have defective articulation, and 7 (0.10) were found to suffer from stammering.

11. Mental and Nervous Conditions. The cases referred to below are those brought to notice for the first time during routine inspections.

(a) Backward	3 (0.04)
(b) Dull	46 (0.64)
(c) Mentally defective (educable)	5 (0.07)
(d) Mentally defective (ineducable)	19 (0.26)
(e) Highly nervous or unstable	7 (0.10)
(f) Difficult in behaviour	3 (0.04)

12. Circulatory System. 25 children were found at routine inspection to have organic heart disease, congenital in 17 cases (0.24) and acquired in 8 cases (0.11). 38 cases (0.53) were found to have functional heart conditions.

13. Lungs. 8 children (0.11) were found to have chronic bronchitis, 4 (0.06) suspected tuberculosis and 40 (0.56) had other chest conditions including asthma.

14. Deformities. The cases referred to below are those included in the groups systematically examined, but the majority were already known to the Orthopaedic Department.

(a) Congenital deformities	71 (0.99)
(b) Acquired (infantile paralysis)	5 (0.07)
(c) Acquired (probably rickets)	2 (0.03)
(d) Acquired (other causes)	143 (1.85)

15. Infectious Disease. 3 (0.04) cases were found at routine inspections.

16. Other diseases and defects. Nothing unusual was found under this heading. The total found was 189 (2.63).

17. Vaccination. 80.48% of all children examined were found to have been vaccinated. The percentage varied slightly between the age groups - entrants 81.39%, 1948 group 80.74%, 1943 group 83.11% and 1941 group 88.53%.

18. Heights and Weights. The table below gives the average heights and weights found.

Year 1957-58.

Group		Number Examined	Average Age		Average	
			Years	Months	Height ins.	Weight lbs.
Entrants	B	1069	5	3	43.9	43.9
	G	995	5	3	42.7	42.4
Nines (1948)	B	1068	9	5	53.2	66.4
	G	1066	9	4	52.5	65.4
Thirteens (1944)	B	941	13	6	60.5	99.2
	G	877	13	5	60.8	103.0
Sixteens (1941)	B	165	16	6	68.0	138.7
	G	175	16	6	64.2	125.6

6. TREATMENT.

A. Minor Ailments.

(1) Cuts, Bruises, Sprains and Minor Injuries. In Perth City treatment is available for those cases at the school clinic. Suspected fractures or other injuries requiring X-ray or special treatment are referred to Perth Infirmary. In the County, cases are treated by the teachers or district nurses. First aid requisites are supplied to all schools, with special outfits for the science and practical classes, and these are replenished as required.

Details of cases treated at the Perth Clinic are as follows:-

Cases treated during the year		379
Cases ceasing to attend	cured	366
	improved	-
Cases under treatment at end of year		14

In addition a small minor ailments clinic is held at Perth High School, and during the year 257 children were dealt with, of whom 95 were referred to the school clinic for treatment.

(2) Diseases of the ear. In Perth City cases are treated by the School Clinic. County cases are treated either by the District Nurses or the family doctors. Cases treated at Perth Clinic:

Cases/

Cases treated during the year		40
Cases ceasing to attend	cured	40
	improved	-
Cases under treatment at end of year		-

During the session 20 Ear, Nose and Throat Clinics were held, at which there were 285 examinations of children by the Specialist. 32 cases were recommended for removal of tonsils and adenoids and 12 cases for removal of adenoids only; 22 of these cases were done before the end of the session. 3 cases of otorrhoea and 11 nasal cases were dealt with. 14 cases of catarrhal deafness were successfully treated by politzeration. In 10 cases conservative treatment was advised. 13 were referred for investigation of sinuses; 2 cases were referred to the Speech Therapist and 1 to the Educational Psychologist.

(3) Diseases of the eye, excluding defective vision. Cases usually consist of styes, blepharitis or conjunctivitis. These are treated by the clinic or the District Nurses. 125 cases were treated at the Perth Clinic this year.

(4) Diseases of the Skin. (a) Ringworm of the Scalp. In the last two Reports, reference was made to a serious outbreak of Ringworm of the Scalp which was discovered at Kinross on 16/2/56, involving 31 cases at Kinross School, plus 5 cases amongst pre-school family contacts, and 1 case at Portmoak School, a total of 37 florid cases. In addition there were 4 very mild cases at Kinross School (only 3 or 4 infected hairs treated by manual epilation). The infecting organism was microsporan audouini.

The 37 florid cases were treated either by X-rays (21 cases), Thallium (10 cases) or manual epilation (5 cases), and 1 case developed kerion and cleared satisfactorily without other treatment. By 31/7/56 all but three of the cases were regarded as clear.

Supervision was continued throughout the 1956 summer holidays, but with intermittent absences was not very effective. A detailed survey of all the cases in the first week of 1956-57 session showed that 4 of the cases had relapsed. Only one or two fluorescent hairs were seen under the Wood's lamp; these were manually epilated and the children continued at school. Supervision continued throughout the session, and odd infected hairs were picked out from no fewer than 10 of the cases. By the end of session 1956-57, however, all but 2 of the cases had been clear for six months.

Supervision had therefore to be continued into the 1957-58 session. No further relapses occurred and details of the two outstanding cases are as follows:

Girl A.B. (Good Thallium epilation 9/3/56). Clear until 21/6/57 when tiny patch noted. Manually epilated. Finally clear 13/11/57.

Boy S.M. (Poor X-ray epilation 21/3/56). Manual epilation thereafter. Finally clear 16/1/58.

Case A.B. should probably be regarded as a reinfection rather than a relapse, but if so the source is not known, as none of her classmates, known school companions or outside contacts were included amongst the relapses.

This outbreak involved a great deal of work, but was most instructive. The Wood's lamp was invaluable for case finding and supervision. 21 cases had X-ray epilation and of these 5 (24%) required manual epilation of residual hairs before cure was obtained. 10 cases had Thallium epilation, but 5 (50%) of these required subsequent manual epilation. Manual epilation under the Wood's lamp is a most tedious procedure. It was carried out weekly by the Kinross District Nurses, and to them, and in particular to Miss Petrie, we are most indebted for the patient way in which they carried out the work. Once discovered, the outbreak was very rapidly brought under control, but it was almost two years before the school could be regarded as finally clear.

Interruption of school attendance was kept to a minimum. The children were excluded until epilation by X-rays or Thallium had taken place. Thereafter they were allowed to return to school, but in the case of those with a few residual infected hairs, simple precautions (wearing of a washable cotton cap and use of Whitfield's ointment) were taken, and this arrangement proved satisfactory.

(b)/

(b) Other skin conditions. 18 cases of scabies and 45 cases of impetigo were dealt with during the session. All the cases were mild and cleared up without difficulty. 150 other skin cases were dealt with. Some two-thirds of these were warts on the hands, knees and face. These occurred in most of the City schools and the numbers at the beginning of the 1958-59 session were similar to last year.

B. Defective Vision and Squint. Eye Clinics for school children, primarily a function of the Regional Hospital Board, are run on a joint basis within the School Health Service. Pre-school children are also dealt with at these clinics.

The number of new cases examined for the first time was 467, including 51 children under five years of age. Of these cases, 290 were examined at the Perth Clinic, 29 at Crieff, 39 at Dunblane, 12 at Aberfeldy, 47 at Blairgowrie, 18 at Pitlochry, 32 at Kinross. 76 of these cases were squints and in 49 cases no defect was found by the Specialist. The remaining 342 cases were classified as follows:-

Simple Hypermetropia	37 (7.9%)
Simple Myopia	71 (15.2%)
Hypermetropic Astigmatism	9 (1.9%)
Myopic Astigmatism	6 (1.30%)
Compound Hypermetropic Astigmatism	92 (19.7%)
Compound Myopic Astigmatism	24 (5.1%)
Mixed Astigmatism	62 (13.3%)
Other conditions	41 (8.8%)

The number of children re-examined was 1485, and the total number of refractions was 1952. Spectacles were ordered in 875 cases.

The total number of cases seen by the Orthoptist during the year was 232. 58 of these were seen only once for diagnostic purposes. 65 attended for supervision whilst undergoing a course of occlusion to re-establish good visual acuity in the squinting or amblyopic eye. 58 cases were given orthoptic exercises to improve their binocular function. 75 cases were kept under observation to ensure that no deterioration took place either in the state of binocular function or the visual acuity. The number of attendances by the 232 cases was 1219.

C. Nose and Throat - operative treatment. Altogether 198 cases were done at Perth Royal Infirmary and a further 68 at Bridge of Earn Hospital, of which 2 and 19 respectively had been referred through the School Health Service. At the end of the session the number of cases on the School List awaiting operation was 35.

In the Western District, 50 cases were done at Stirling Royal Infirmary, all having been referred by general practitioners.

D. Orthopaedic Treatment. This Regional Hospital Board service, dealing with children of all ages, is administered within the framework of the School Health Service, and is based on the Perth School Clinic.

During the session, 1983 school children were seen by the Orthopaedic Surgeon and 91 school children were admitted to hospital (Bridge of Earn). The physiotherapists dealt with 934 children for care and aftercare, giving 6726 treatments.

E. Hearing Testing. During the session 98 schools were surveyed. 5516 children were tested and of these 5290 (96%) were found to have normal hearing. The remaining 226 were found to have defective hearing of varying degree:- 143 (2.6%) Grade I, 76 (1.3%) Grade IIa and 7 (0.1%) Grade IIb.

Included in the above totals were 902 children in the 1949 age group (age 8). During the first term when figures for boys and girls were not kept separately, 473 children were tested. Of these 460 (97%) had normal hearing, 11 (2.2%) had Grade I defect and 4 (0.8%) had Grade IIb defect. During the subsequent two terms separate figures for boys and girls are available. 209 boys were tested and of these 190 (91%) had normal hearing, 15 (7.1%) had Grade I defect and 4 (1.9%) had Grade IIa defedt. 220 girls were tested and of these 208 (94.5) had normal hearing, 8 (3.7%) had Grade I defect and 4 (1.8%) had Grade IIa defect. Taking the above group as a whole, 902 children were tested. 858 (95%) had normal hearing/

hearing, 34 (3.71%) had Grade I defect, 8 (0.86%) had Grade IIa defect and 4 (0.43%) had Grade IIb defect.

During the year the School Medical Officers examined 215 cases referred following hearing testing. 58 of the cases were in turn referred to the family doctor (wax 44, otorrhoea 7, others 7) and 76 cases were referred to the E.N.T. Specialist. By the end of the session 51 of these 76 cases had been seen by the Specialist. In 22 cases treatment was provided, in 18 removal of tonsils and/or adenoids was advised, in 5 cases hearing aids were provided and in the remaining 6 cases appropriate advice was given with regard to school placing.

7. DENTAL INSPECTION AND TREATMENT.

Mr. M.R. Kirkland, L.D.S., Senior Dental Officer, has prepared the following report.

The year under review, while still presenting many of the same problems as in the past, has nevertheless been slightly more encouraging than the previous year.

The figures of treatment carried out show a considerable all-round increase, while the demand for emergency treatment has fallen, which is an encouraging feature. The large number of fillings inserted - averaging as high as five per child treated - shows that the conservation of teeth before they become too badly decayed to be saveable, and thus the preservation of healthy and functional mouths, continue to be the aim of the service. The handicap and indeed possible danger to general health of unhealthy and inneficient oral mechanism is well recognised by medical authorities.

With regard to facilities, full use has been made during the session of the static surgeries both at the main clinic and at Perth High School. This latter surgery has been of great benefit, and although at the end of the session the dental officer who was operating it resigned, I am hopeful that a replacement may be obtained and the surgery again brought into use. In April, a dental officer was appointed to the Western District and a considerable back log of work in this area is now being cleared up.

The mobile unit has been in continuous operation and there are still many schools - generally speaking smaller schools - where in spite of the building and reconstruction programme, treatment could not be provided without it.

In the last report it was proposed that certain items of more up-to-date and heavier equipment should be acquired, to be used in the larger schools where the dental officers would be occupied for some weeks at a time. Some equipment of this type has now been delivered and is now going into service. It is too early yet to estimate the eventual benefit but it seems clear that within its limitations it is certain to represent an improvement in operating facilities.

The services of the Orthodontic Consultant to the Eastern Regional Hospital Board have again been available. Regular sessions have been held and his advice has been much appreciated both by the dental staff and by the patients and their parents.

At the end of the previous session, I had to report with regret that the strength of the operating staff had fallen to three, thus increasing the difficulties under which we were already working. Fortunately, during the past year, although there has been fluctuation from three to four to five and back to four again, the average strength has been higher and this accounts for the greater amount of work done, to which reference was made above.

It seems clear that although there are many factors affecting the provision of an efficient dental service, e.g. proper equipment and operating facilities, organisation and economical deployment of resourses etc., the solution to the problem must hinge largely on one major factor, and that is the availability of sufficient qualified operators. The present slight improvement in the situation is somewhat unexpected and may well be only temporary since the manpower shortage in the profession generally is very acute. It is true that this area has certain natural attractions which may have some influence in obtaining the services of dental officers. These, however, should be backed by solid considerations of good facilities, equipment and conditions of service.

These have all improved over the last few years, but it is essential that care is taken to keep up with new developments. An example of this may be seen in the emergence during this year of a new technique for conservation work, using new very high speed apparatus. The early results of this equipment are striking, and it may be that in the not too far distant future, consideration may need to be given to the possibility of acquiring this equipment, if the public service is not to suffer by comparison with the general practitioner service.

It is generally accepted now that the main theme of the public dental service, in common with other branches of the public health service, should ideally be prevention. Prevention as applied to dental disease has many facets, such as prenatal and postnatal care, diet, fluoridation, etc., but broadly speaking they all add up to education - both of parent and child. Unfortunately with the staff position as it is, time cannot be spared from the task of trying to repair the ravages of neglect and ignorance. Once again, therefore, shortage of staff is the stumbling block and it is suggested that, inspite of the unpromising outlook in this direction, efforts should be continued to improve the position.

We have received much help and co-operation during the year, notably from the teaching staffs at many of the schools and I would like to express my gratitude, both to them for their help, and to the County Medical Officer for his advice and support, without which we should have found the difficulties even greater than they were.

Summary of the Work Done.

1. Inspected by the Dental Officers:

Age	(a) Systematic Examinations	(b) Special and Emergency cases	TOTAL
5	246	10	256
6	262	33	295
7	324	56	380
8	425	39	464
9	535	64	599
10	583	52	635
11	600	28	628
12	554	21	575
13	45	21	66
14	190	24	214
15	193	3	196
16	25	4	29
17	31	1	32
	4013	356	4369

		Systematic Examinations	Special and Emergency cases
2.	Found to require treatment	2630	356
2(a).	Number of Acceptances	1344	356
3.	Actually treated by the School Dental Officers	1510	356
4.	Number of attendances made by children for treatment	7698	356
5.	Fillings (a) Permanent teeth	5247	-
	(b) Temporary teeth	330	-
6.	Extractions (a) Permanent teeth	537	84
	(b) Temporary teeth	1132	183
7.	Number of administrations of general anaesthetics for extractions	236	-
8.	Other operations (a) Permanent teeth	6730	177
	(b) Temporary teeth	179	37
9.	Halfdays devoted to inspections	110	
9(a).	Halfdays devoted to treatment	1728	
10.	Number of children treated under private arrangement	-	-

Number of Partial Upper Dentures fitted 16

Number of orthodontic appliances fitted 34

8. SPECIAL SCHOOLS AND CLASSES.

(a) Physically defective children. There are no special schools or classes but during the session 1 child was in Trefoil Residential School.

(b) Blind and partially sighted children. There are no special classes. During the session there were 4 children from this area in the Royal Blind Asylum and School, Edinburgh, and 5 children at the Sight Saving School, Dundee.

(c) Deaf, partially deaf and deaf mute children. There are no special classes. 13 children were in schools outwith the area; 5 in Donaldson's School for the Deaf, Edinburgh, 7 in the Institution for the Deaf and Dumb, Dundee; and 1 in St. Vincent's School for the Deaf, Glasgow.

(d) Mentally Handicapped Children. The Special Class at Southern District School was reformed on 4/2/57. A second class was opened on 27/8/57. The number of pupils attending the special classes during the year was 33, a total which is restricted by accommodation and staffing. The I.Q. ranges of these children tested on Terman-Merrill were as follows:-

I.Q. range Terman-Merrill	No. of Pupils
45 and under	-
46-50	1
51-55	-
56-60	1
61-65	9
66-70	7
71-75	3
76-80	4
over 80	2
Total	27

During the year 3 educable mentally handicapped children were accommodated outwith the County: 1 in Baldovan Institution, 1 in Waverley Park Home, Kirkintilloch and 1 in Fairmuir Special School, Dundee.

On 18/11/57 the Perth Occupational Centre was opened. 12 children attended daily between 10 a.m. and 3 p.m. Free milk was issued and a midday meal provided.

Blairgowrie Occupational Centre was opened on 27/8/57. 13 children were enrolled during the session.

(e) Retarded Children. As far as possible, these are placed in ordinary classes suitable for their level of intelligence.

(f) Residential School for Mentally Handicapped Children. During the year Central approval was obtained for the proposal to build a residential school for mentally handicapped children, and the detailed work of planning is now going ahead. The new school will be built on a site at Scone, and will have accommodation for 60 resident pupils with 40 places for day pupils from Perth and the adjacent area.

(g) Child Guidance. The Educational Psychologist has submitted a detailed report on the work during the session to the Education Committee.

The service has now been functioning in this area for two sessions, through a main clinic in Perth and in schools throughout the rest of the area. A wide range of educational as well as emotional and behaviour problems were investigated during the year, although regular treatment was, of necessity, restricted almost entirely to cases in or near Perth City.

175 cases were investigated during the year, of which 46 had been referred by the School Health Service. These cases covered the whole range from 2 to 18 years, the peak for referral being age 7 years. Of the 175 cases, 129/

129 had been discharged by the end of the year. 46 cases are currently under investigation or treatment, and there are 210 cases awaiting attention.

By the end of the year, the main clinic premises had been considerably improved, and arrangements have been made for the services of a psychiatrist to be available at the beginning of the new session. At present the staff consists of one Psychologist and a Secretary/Receptionist. Last session, three days per week were devoted to Perth City cases, one and a half days were available for diagnostic and advisory services for the rest of the area, and one day was necessary for administration, reports etc. With the wider realisation of the value of the service, (some evidence of which can be found in the size of the waiting list), it is apparent that an additional psychologist is required, and this has been approved.

(h) Speech Therapy. A full report on the work of the Speech Therapists has been submitted to the Education Committee. Two Therapists have continued to work throughout the session in the centres in Perth, Auchterarder, Blairgowrie, Crieff, Dunblane and Kinross, and a new centre has been opened at Coupar Angus. A total of 176 children have had therapy during the year, an increase of 25. 119 boys and 57 girls were treated (Perth City 75, rest of area 101). The greatest increase this session has been in the defective articulation category, especially children under 8 years. Group treatment has enabled larger numbers to be treated. 358 children are on the waiting list (County 194, City 141, pre-school 23) and it is estimated that it would take the two Therapists, working as at present, three years to clear the current cases even before starting on the waiting list. Close co-operation has been maintained with the School Health Service, and full use has been made of the help available from the school medical staff, the E.N.T. Specialist and the Audiometrician.

9. ARRANGEMENTS FOR PHYSICAL EDUCATION AND PERSONAL HYGIENE.

The Department of Health recommends that a proportion of the schools in the area should be surveyed under this heading each year. This year the schools in the Highland District are due for review.

A. Accommodation for Physical Exercises. The only schools which have gymnasia are Breadalbane Academy, Royal School of Dunkeld and Pitlochry High School. Other schools use outside halls or in some cases a spare room and when the weather is suitable exercises are given in the playground.

(a) Facilities for change of shoes and clothing. Change of shoes is almost universal, but no separate facilities are provided for this, except at Breadalbane Academy, Dunkeld and Pitlochry, where clothing is changed.

(b) Spray Baths. None are available.

(c) Provision of towels, hot water etc. Towels are provided at all schools and the number of schools with hot water is steadily increasing.

(d) School Intervals. The usual interval is 10 - 15 minutes in the forenoon and 5 - 10 minutes in the afternoon.

B. Swimming Baths. There are none.

C. Playing Fields. See earlier in this Report.

D. School Camps. School Camps are not available for children in the schools reviewed this year, but during the summer of 1958 a record number of 253 children from schools in Perth City were accommodated for a fortnight at Belmont Camp, Meigle.

E. Practical Instruction in Personal and Communal Hygiene. In all schools some instruction in hygiene is given by the class teachers. In secondary schools this is also given by teachers of physical instruction and domestic subjects, based on the Scheme drawn up by the Scottish Council for Health Education. When time permits, brief talks are given by the Medical Officers at their visits.

F. Parent-Teacher Associations. There are now parent-teacher associations at a number of the schools under review.

10. OTHER ACTIVIES IN RELATION TO THE HEALTH OF SCHOOL CHILDREN.

(a) Milk in Schools. Milk is available in 152 schools and 79% of the pupils in these schools take milk. In each case the source of the supply is approved by the Medical Officer of Health, the milk being either T.T. or pasteurised.

(b) School Meals. School meals are now served at 152 schools, leaving only 4 unprovided for. The 26 kitchens provided 1,615,600 meals during the session. A Fife cooking centre supplied 7 schools and provided 44,237 meals not included in the above total.

TABLE I.

Total number of children examined at:-

(A)		Systematic Examinations	Other Systematic Examinations
Ordinary Schools	(Entrants	2064	
	(Second Age Group	2134	
	(Third Age Group	1818	
	(Fourth Age Group	340	
Secondary Schools	(Age Group	-	
	TOTAL	6356	817
		7173	

(B) Other Examinations

Special cases	934
Re-inspections by Medical Officers	1844
	2778

Number of individual children inspected at Systematic Examinations who were notified to parents as requiring treatment (excluding uncleanliness and dental caries)

Entrants	404
Second Age Group	449
Third Age Group	322
Fourth Age Group	48
Secondary Age Group	-
Other systematic examinations	169
	1392

SYSTEMATIC EXAMINATIONS.

Return of number and percentage of individual children in each age group suffering from particular defects

	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Other Ages		TOTAL
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
	1069	995	1068	1066	941	877	165	175	447	370	7173
1. Clothing unsatisfactory		5 0.5	3 0.28	4 0.38			1 0.61				13 0.18
2. Footgear unsatisfactory			1 0.09	1 0.09							2 0.03
3. Cleanliness:											
(a) Head: dirty, nits or vermin	3 0.28	8 0.8	7 0.66	15 1.41	2 0.21	13 1.48			2 0.45	5 1.35	55 0.77
(b) Body: dirty, verminous			1 0.09		3 0.32	3 0.34			1 0.22		8 0.11
4. Skin: (a) Head: Ringworm											
Impetigo	1 0.09	1 0.1									2 0.03
Other diseases	3 0.28	3 0.3	1 0.09		3 0.32	8 0.91	1 0.61		2 0.45	2 0.54	23 0.32
(b) Body: Ringworm					1 0.11				1 0.22		2 0.03
Impetigo	1 0.09		1 0.09								2 0.03
Scabies										1 0.27	1 0.01
Other diseases	11 1.02	10 1.0	21 1.97	9 0.84	10 1.06	14 1.60	1 0.61	4 2.29	3 0.67	6 1.62	89 1.24
5. Nutritional State:											
Slightly defective	7 0.65	7 0.7	8 0.75	14 1.31	4 0.42	4 0.46	1 0.61	1 0.57	4 0.89	3 0.81	53 0.74
Bad		1 0.1									1 0.01
6. Mouth and Teeth unhealthy	140 13.1	166 16.6	183 17.13	157 14.73	56 5.95	33 3.76	7 4.24	12 6.85	39 8.72	24 6.48	817 11.39
7. Naso-Pharynx (a) Nose											
(1) Obstr. req. obs.	7 0.65	11 1.1	4 0.37	2 0.19	2 0.21	2 0.23			3 0.67	4 1.08	35 0.49
(2) Obstr. req. op. tr.	11 1.02	6 0.6	2 0.19	3 0.28	1 0.11				4 0.89	6 1.62	33 0.46
(3) Other conditions	2 0.19	1 0.1	2 0.19	1 0.09					2 0.45	2 0.54	10 0.14
(b) Throat											
(1) Tonsils req. obs.	46 4.3	47 4.7	20 1.87	31 2.91	7 0.74	8 0.91		1 0.57	13 2.91	12 3.24	185 2.58
(2) Tonsils req. op. tr.	22 2.06	11 1.11	2 0.19	7 0.66	1 0.11	1 0.11			3 0.67	3 0.81	50 0.67
(c) Glands											
(1) Req. Obs.	5 0.47	6 0.6	9 0.84						2 0.45	3 0.81	25 0.35
(2) Req. op. tr.		1 0.1									1 0.01
8. Eyes (a) Ex. Dis.											
Blepharitis	2 0.19	2 0.2	4 0.37	7 0.66	7 0.74	8 0.91			3 0.67	2 0.54	35 0.49
Conjtnctivitis	2 0.19		1 0.09								3 0.04
Strabismus	26 2.43	34 3.42	15 1.4	8 0.75	2 0.21	5 0.57			9 2.01	9 2.43	108 1.51
Other diseases	5 0.47	3 0.3	2 0.19	3 0.28	2 0.21	2 0.23	1 0.61		2 0.45	2 0.54	22 0.31
(b) Visual acuity:											
Fair vision	15 1.4	20 2.01	77 7.21	91 8.54	75 7.97	86 9.81	27 16.4	17 9.71	46 10.3	40 10.8	494 6.89
Bad vision	2 0.19	4 0.4	6 0.56	9 0.84	14 1.49	23 2.62	10 6.06	5 2.97	2 0.45	6 1.62	81 1.13
Rec. for refraction									2 0.45		2 0.03

TABLE II (Cont'd)

	ENTRANTS				Second Age Group				Third Age Group				Fourth Age Group				Other Ages				Total	
	Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls		Boys		Girls			
9. Ears (a) Diseases																						
Otorrhoea	4	0.37			2	0.19	2	0.19	2	0.21							1	0.22	3	0.81	14	0.20
Other Diseases	1	0.09	1	0.1	3	0.28			3	0.32	1	0.11	1	0.61			2	0.45	1	0.27	13	0.18
(b) Defective hearing																						
Grade I	4	0.37	2	0.2	4	0.37	1	0.09			1	0.11							1	0.27	13	0.18
Grade IIa	1	0.09			2	0.19	2	0.19			1	0.11									6	0.08
Grade IIb																						
Grade III											1	0.11					2	0.45			3	0.04
10. Speech: Def. articulation	11	1.03	5	0.5	10	0.94	2	0.19	2	0.21			2	1.21					1	0.27	33	0.46
Stammering	1	0.09	1	0.1	1	0.09			1	0.11			1	0.61			2	0.45			7	0.10
11. Mental & Nervous condits.																						
(a) Backward					1	0.09					1	0.11							1	0.27	3	0.04
(b) Dull	2	0.19	1	0.1	10	0.94	1	0.09	6	0.64	2	0.23					15	3.36	9	2.43	46	0.64
(c) Men. def. (educable)							2	0.19			1	0.11					1	0.22	1	0.27	5	0.07
(d) Men. Def. (ineducable)					2	0.19	2	0.19	1	0.11	2	0.23					7	1.57	5	1.35	19	0.26
(e) Highly nervous or unstable	1	0.09	2	0.2	2	0.19	1	0.09											1	0.27	7	0.1
(f) Difficulty in behaviour			1	0.1							1	0.11					1	0.22			3	0.04
12. Circulatory System																						
(a) Organic heart disease																						
(1) Congenital	2	0.19	4	0.4	3	0.28	4	0.38	1	0.11							3	0.67			17	0.24
(2) Acquired			2	0.2	1	0.09					2	0.23	2	1.21					1	0.27	8	0.11
(b) Functional conds.	16	1.5	3	0.3	5	0.47	2	0.19	3	0.32	2	0.23	1	0.61			4	0.89	2	0.54	38	0.53
13. Lungs: Chr. Bron.	2	0.19	1	0.1	1	0.09	3	0.28	1	0.11											8	0.11
Sus. Tuberculosis	1	0.09					2	0.19			1	0.11									4	0.06
Other diseases	14	1.31	5	0.5	5	0.47	3	0.28	7	0.74	2	0.23					2	0.45	2	0.54	40	0.56
14. Deformities																						
(a) Congenital	17	1.59	12	1.21	8	0.75	8	0.75	7	0.74	7	0.8	1	0.61			6	1.34	5	1.35	71	0.99
(b) Acq. (inf. par.)					2	0.19	2	0.19			1	0.11									5	0.07
(c) Acq. (pro. rickets)									1	0.11	1	0.11									2	0.03
(d) Other causes	22	2.06	8	0.8	20	1.9	19	1.78	24	2.54	17	1.94	2	1.21	4	2.29	16	3.58	11	2.97	143	1.99
15. Infectious Diseases	1	0.09	1	0.1					1	0.11											3	0.04
16. Other dis. or defects	44	4.12	14	1.41	33	3.09	19	1.78	26	2.76	21	2.39	4	2.42	3	1.71	19	4.25	6	1.62	189	2.63
17. Vaccinations	[illegible]	83.69	806	81.0	853	78.0	834	78.24	805	85.55	706	80.5	148	89.69	153	87.43	335	74.94	269	72.70	5773	80.48
18. Parents present	670	62.68	614	61.7	456	42.70	473	44.37	243	25.82	203	23.15	27	16.36	20	11.43	98	21.92	91	24.59	2895	40.36
19. Diphtheria Immunisation	1006	94.1	914	91.86	975	91.29	978	91.74	856	90.97	782	89.17	151	90.9	159	90.86	373	83.45	325	87.84	6519	90.88

SYSTEMATIC MEDICAL EXAMINATIONS

	Entrants		Second Age Group		Third Age Group		Fourth Age Group		Other ages		Total	
	No. of children	Percentage of the children exmd in this group	No. of children	Percentage of the children exmd in this group	No. of children	Percentage of children exmd. in this group	No. of children	Percentage of the children exmd in this group	No. of children	Percentage of the children exmd in this group	No. of children	Percentage of the children exmd in this group
I Children free from defects	1434	69.48	1511	70.81	1418	78.00	268	78.83	550	67.32	5181	72.23
II Children (otherwise free from defects) who suffer from -												
(a) Def. vision not worse than 6/12 in better eye with/without glasses)	46	2.23	137	6.42	124	6.82	33	9.71	69	8.45	409	5.7
(b) Conds. of mouth & teeth requiring treatment	191	9.25	180	8.44	58	3.19	5	1.47	34	4.53	471	6.57
(c) Both (a) and (b)	6	0.29	18	0.84	2	0.11	3	0.88	1	0.12	30	0.41
	243	11.77	335	15.70	184	10.12	41	12.05	107	13.09	910	12.69
III Children suffering from ailments (other than those mentioned in II) from which com. recovery is anticipated within a few weeks	287	13.91	192	8.99	114	6.27	19	5.59	90	11.02	702	9.79
IV Children suffering from (or suspected to be suffering from) def. less remediable than def. spec. in II & III distinguishing cases												
(a) where com. cure or restoration of function (in case of eye defs. full correction) is considered possible	86	4.17	80	3.74	76	4.18	10	2.94	48	5.88	300	4.18
(b) where impr. only is considered possible e.g. without com. restoration of func.	14	0.68	16	0.75	26	1.43	2	0.59	22	2.69	80	1.12
TOTAL	100	4.84	96	4.50	102	5.61	12	3.53	70	8.57	380	5.29
Total number of children examd.	2064	100%	2134	100%	1818	100%	340	100%	817	100%	7173	100%

TABLE IV.

RETURN OF ALL EXCEPTIONAL CHILDREN OF SCHOOL AGE IN THE AREA.

	At Ordinary Schools	At Spec. Schs. or Classes	At no Sch. or Institution	TOTAL
1. Blind	-	4	1	5
2. Partially Sighted:				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition	-	4	-	4
(b) Other conditions of the eye e.g. cataract, ulceration etc., which render the child unable to read ordinary school books or to see well enough to be taught in an ord. sch.	5	3	-	8
3. Deaf.				
Grade I	68	-	-	68
Grade IIa	17	-	-	17
Grade IIb	5	-	-	5
Grade III	-	14	-	14
4. Defective Speech:				
(a) Defects of articulation requiring special educational measures	18	-	-	18
(b) Stammering, requiring special educational measures	6	-	-	6
5. Mentally defective (children between 5 and 16 years)				
(a) Educable (I.Q. app. 50-70	70	35	1	106
(b) Ineducable (I.Q. generally less than 50)	18	26	49	93
6. Epilepsy:				
(a) Mild and occasional	17	-	-	17
(b) Suitable for care in a residential school (severe)	5	1	-	6
7. Physically defective children between 5 and 16 years				
(a) non-pulmonary tuberculosis (excluding cervical glands)	19	-	1	20
(b) General orthopaedic conditions	590	9	6	605
(c) Organic Heart Disease	38	-	-	38
(d) Other causes	20	2	1	23
8. Multiple defects (included in above figures under main disability)	22	10	11	43

APPENDIX.

TUBERCULIN TESTING AND B.C.G. VACCINATION.

Session 1957-58.

* - Not included in totals.

School	% Consent	Boys		Girls		Boys and Girls			Re-tests
		No. Tested	% positive	No. Tested	% positive	No. Tested	% positive	No. Vaccinated	
Perth City									
Perth Academy	94	111	20	121	18	232	19	188	190
Perth High	94	146	25	152	14	298	19	240	239
St. John's R.C.	98	27	22	24	4	51	14	44	35
Total	94	284	23	297	15	581	19	472	464
Perth District.									
Dunbarney	88	15	20	8	13	23	17	19	25
Errol	97	14	22	12	-	26	12	23	12
Invergowrie	88	18	33	15	20	33	27	24	10
Scone	84	21	43	21	19	42	31	29	22
Stanley	89	30	23	28	18	58	21	46	18
Methven	100	28	25	13	15	41	22	32	33
Strathallan *		125	29			125	29	89	7
Trinity College*		1	-			1	-	1	37
Kilgraston*				31	19	31	19	25	20
Total	90	126	28	97	15	223	22	173	120
Eastern District.									
Blairgowrie	82	42	24	41	29	83	26	61	99
Coupar Angus	95	21	43	25	12	46	26	34	11
Alyth	100	19	58	10	60	29	59	12	11
Total	89	82	36	76	28	158	32	107	121
Highland District									
Breadalbane Academy	98	34	26	21	33	55	29	39	79
Dunkeld	95	6	50	9	33	15	40	9	9
Pitlochry	87	14	14	20	10	34	12	30	21
Croftinloan*		1	-			1	-	1	-
Total	94	54	26	50	24	104	25	78	109
Central District									
Crieff	92	29	24	34	21	63	22	49	41
Morrison's Academy	96	37	19	24	21	61	20	49	147
Comrie	88	8	13	2	-	10	10	9	12
Auchterarder	98	23	17	19	37	42	26	31	24
Seymour Lodge*				10	40	10	40	6	18
Total	94	97	20	79	24	176	22	138	224
Western District									
Dunblane	86	21	10	21	14	42	12	37	17
McLaren High	97	37	22	33	18	70	20	56	80
Aberfoyle	88	6	17	10	30	16	25	12	4
Killin	80	3	33	-		3	33	2	3
Queen Victoria*		32	22		-	32	22	25	36
Total	91	67	18	64	19	131	18	107	104
Kinross County									
Kinross	80	40	13	36	6	76	9	69	29
Naemoor*		17	29	6	17	23	26	17	8
Total	80	40	13	36	6	76	9	69	29
COUNTY TOTALS	90	466	25	402	20	868	23	672	707
CITY & COUNTY TOTALS	92	750	24	699	18	1449	21	1144	1171